

EXHIBIT DD

RI SOS Filing Number: 200810647730 Date: 05/08/2008 12:18 PM

APR. 17, 2008 11:45AM AMERICAN-HOME-MORTGAGE

NO. 4325 P. 41

Filing Fee: \$75.00

ID Number: 000057694



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

**APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-12-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is AMERICAN HOME MORTGAGE SERVICING, INC.
 2. It is incorporated under the laws of Maryland
 3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 09/28/1989, authorizing it to transact business in Rhode Island under the name of AMERICAN HOME MORTGAGE SERVICING, INC.
 4. The corporate name of the corporation has been changed to AHM SV, Inc.

(If no change, so indicate.)
 5. The name, if different, which it elects to use in Rhode Island is:
 - (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*
 - (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*
 6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

(If no other or additional purposes are proposed, insert "No Change.")

no change

Form No. 151
Revised: 12/05

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2025 RELEASE UNDER E.O. 14176

FILED

MAY 08 2008

By hm

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APR. 17. 2008 11:45AM AMERICAN HOME MORTGAGE

NO. 4325 P. 42

7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change").

Total Number of Authorized Shares	Class	Series	Par Value or Statement that Shares are without Par Value
no change			

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 0.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.
11. This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 80th day after the date of this filing.

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 4-15-08

Signature of Authorized Officer of the Corporation

Alan Horwitz, Secretary

Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly

executed in accordance with the provisions of Title 7 of the General Laws

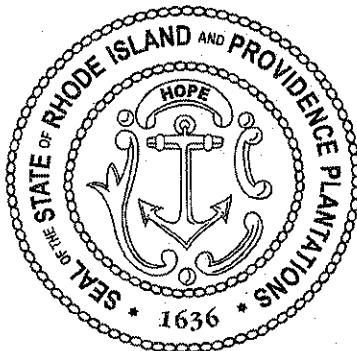
of Rhode Island, as amended, has been filed in this office on this day:

May 08, 2008 12:18 PM

A handwritten signature in black ink, appearing to read "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State



RI SOS Filing Number: 200810647640 Date: 05/08/2008 4:00 PM



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
145 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
* In accordance with R.I.G.L. 7-1-2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1-2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000057694	2. Name of Corporation AHM SV, Inc. (changing name from	American Home Mortgage Servicing, Inc.)		
3. Street Address Principal Business Office 538 Broadhollow Road		City Melville	State NY	Zip 11747
4. Business Phone No.	5. State of Incorporation Maryland			
6. Brief Description of the Character of Business Conducted in Rhode Island residential mortgage lending				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael Strauss		Vice President Name Alan Horn		
Street Address 538 Broadhollow Road		Street Address 538 Broadhollow Road		
City Melville	State NY	Zip 11747	City Melville	State NY
Secretary Name Alan Horn		Treasurer Name Stephen Hozie		
Street Address 538 Broadhollow Road		Street Address 538 Broadhollow Road		
City Melville	State NY	Zip 11747	City Melville	State NY
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael Strauss		Director Name		
Street Address 538 Broadhollow Road		Street Address		
City Broadhollow	State NY	Zip 11747	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
5000	Common	no par value	3000	Common
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES - THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date	MAY 08 2008	
Check No.	By AMF	
By:	PM 2:18	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Al Horn

5-5-2008

Signature
Print or Type Name

Secretary
Title

RECEIVED
11-5-2005

Form 630 Rev. 12/06